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## OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Registered Agent/Office Statement of Change



1. Limited Liability Company ID									
2. Limited Liability Company Name									
3. Federal Tax No.									
4. Name and Street Address of the Registered Agent and Registered Office is									
Name									
Physical Address									
P.O. Box									
City, State, ZIP5, ZIP4									
6. New Registered Agent Name									
7. If agent has changed, mark appropriate box									
<b>7A.</b> The undersigned hereby accepts designation as registered agent for service of process									
Signature of Registered Agent (Please keep writing within block)									
OR									
<b>7B.</b> Statement of written consent is attached, signed by the new registered agent									
8. New street address of registered office									

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Physical Address									
P.O. Box									
City, State, ZIP5, ZIP4								-	
9. The Limited Liability Company has been notified of the change of registered office									
	Yes		1	No					
By: Signature				(Please keep writing within blocks)					
							] ¬		
Printed Name							Title		
Street and Mailing Address									
Physical Address									
P.O. Box									
City, State, Z	ZIP5, ZIP4								-